



SUBMITTED TO: Abington Bank; Abington, MA 02351

PERSONAL FINANCIAL STATEMENT (IMPORTANT: Read these directions before completing this Statement)

If you are applying for individual credit in your own name and are relying on your own income, or assets and not the income or assets of another person as the basis for repayment of the credit requested, or if this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete only Section 1, 3 and 4.

If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying on. Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Section 1 – Individual Information (print)				Section 2 -Other Party Information (print)		
Name				Name		
Address				Address		
City	State	Zip Code	City	State	Zip Code	
Social Security#	Date of Birth			Social Security#	Date of Birth	
Occupation				Occupation		
Business Name				Business Name		
Business Address				Business Address		
City	State	Zip Code	City	State	Zip	
Length at current address				Length at current address		
Res. Phone	Alt. Phone			Res. Phone	Alt. Phone	
Email				Email		
Name, Phone of your Accountant				Name, Phone of your Accountant		
Name, Phone of your Attorney				Name, Phone of your Attorney		
Name, Phone of your Investment Advisor/Broker				Name, Phone of your Investment Advisor/Broker		
Name, Phone of your Insurance Advisor				Name, Phone of your Insurance Advisor		

	Yes	No
Have (either of) you or any firm in which you were a major owner ever declared bankruptcy, or settled any debts for less than the amounts owed? If yes, please provide details on a separate sheet.		
Are (either of) you a defendant in any suit or legal action?		
Are (either of) you presently subject to any unsatisfactory judgments to tax liens?		
(Either of) you have been audited by the IRS, in what year were you audited?	Year	
Have you ever been or currently are under investigation, indicted, convicted, or found guilty of a felony?		



Section 3 – Statement of Financial Conditions as of (Date): _____

Assets (Do not include assets of doubtful value)	In dollars (omit cents)		
	Individual	Joint	If joint, with whom
<i>Cash, Checking & Savings, CD's (See Schedule A)</i>			
<i>U.S. Gov't & marketable securities (See Schedule B)</i>			
<i>Non-marketable securities (See Schedule C)</i>			
<i>Securities held by broker in margin accounts</i>			
<i>Restricted, control or margin account stocks</i>			
<i>Real estate owned (See Schedule D)</i>			
<i>Accounts, loans & notes receivable</i>			
<i>Automobiles</i>			
<i>Cash surrender value-life insurance (See Schedule E)</i>			
<i>Vested interest in deferred compensation/profit-sharing plan (See Schedule F)</i>			
<i>Business ventures (See Schedule G)</i>			
<i>Other Assets/personal property Itemize</i>			
Total Assets:			

Liabilities	In dollars (omit cents)		
	Individual	Joint	If joint, with whom
<i>Notes payable to banks and others (See schedule H)</i>			
<i>Due to brokers</i>			
<i>Amounts payable to others (Secured)</i>			
<i>Amounts payable to others (Unsecured)</i>			
<i>Accounts and bills due</i>			
<i>Unpaid income tax</i>			
<i>Other unpaid taxes & interest</i>			
<i>Automobiles</i>			
<i>Real estate mortgages payable (See Schedule D)</i>			
Total Liabilities:			
Net Worth:			
Total Liabilities and Net Worth:			

Please Click on the Update Calculations after all inputs have been to ensure the totals calculate properly



Section 4 – Annual Income for Year Ending _____

Annual Income	Individual	Joint
Salary, bonuses & commissions		
Dividends & interest		
Real Estate income		
Other Income (alimony, child support or separate Maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)		
Total Income:		

Annual Expenditures	Individual	Joint
Real Estate taxes & assessments		
Taxes-federal, state & local		
Insurance payments		
Other contract payments (car payments, charge cards)		
Alimony, child support, maintenance		
Other expenses		
Total Expenditures:		

Contingent Liabilities Estimated Amount	Yes	No	Individual	Joint
Do you have any Contingent liabilities (as endorser, co-maker or guarantor?)				
On leases? Contracts?				
Involvement in pending legal actions?				
Contested income tax liens?				
Any estimated capital gains tax on unrealized asset appreciation?				
Other special debt or circumstances?				
If yes to any question(s) describe:				
Total Contingent Liabilities:				

SCHEDULE A – CASH, CHECKING AND SAVINGS ACCOUNTS, CERTIFICATIONS OF DEPOSIT, MONEY MARKET, ETC.

Name of Financial Institution	Type of Account	Owner	Joint	If pledged, to whom?	Balance

SCHEDULE B – U.S. GOVERNMENT & MARKETABLE SECURITIES (Use additional sheet if necessary)

Number of Shares or Face Value of Bonds	Description	In Name of	Are these registered, pledged or held by others?	Market Value	Exchanges where traded



SCHEDULE C – NON-MARKETABLE SECURITIES (Use additional sheet if necessary)					
Number of Shares or Face Value of Bonds	Description	In Name of	Are these registered, pledged or held by others?	Market Value	Exchanges where traded

SCHEDULE D – INVESTMENTS IN REAL ESTATE (Use additional sheet if necessary)									
Description/Location of Real Estate Investment	Joint	Date of Original Investment	Current Est. Value	% Owned by You	Market Value of % of Investment	Present Balance	Monthly Payment	Mortgage Maturity Date	Mortgage owed To

SCHEDULE E – LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE					
Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value

SCHEDULE F – VESTED INTEREST IN DEFERRED COMPENSATION/PROFIT-SHARING PLANS						
% Vested	Company Name	Account Number	Manner of Payout (Annuity, Lump Sum)	Distribution Date	Beneficiary	Amount

SCHEDULE G – BUSINESS VENTURES (Use separate sheet if necessary)							
1. List Name and Address of Any Business Venture in Which You Are a Principal or Partner							
Position/Title in the Business	Line of Business	Years in Business	Total Assets Listed in Section 3	% of Ownership	Net Worth of Business	Present Net Value of your Investment	
2. List Name and Address of Any Business Venture in Which You Are a Principal or Partner							
Position/Title in the Business	Line of Business	Years in Business	Total Assets Listed in	% of Ownership	Net Worth of Business	Present Net Value of your Investment	
3. List Name and Address of Any Business Venture in Which You Are a Principal or Partner							
Position/Title in the Business	Line of Business	Years in Business	Total Assets Listed in	% of Ownership	Net Worth of Business	Present Net Value of your Investment	

